

<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/759,804
		Filing Date	January 12, 2001
		First Named Inventor	Surajit Chaudhuri
		Group Art Unit	2163
		Confirmation Number	2731
		Examiner Name	Filipczyk, Marcin R.
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<b>ENCLOSURES (check all that apply)</b>			
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> <b>Amendment / Reply (10 pages)</b> <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement with Form PTO/SB/08A ( pages)  <input type="checkbox"/> Response to Notice to File Missing Parts <input type="checkbox"/> A copy of the Notice to File Missing Parts Under 37 CFR 1.52 or 1.5			
<input type="checkbox"/> Assignment Papers <i>(for an Application)</i>  <input type="checkbox"/> Drawing(s) ( sheets)  <input type="checkbox"/> Declaration <input type="checkbox"/> Newly Executed ( pages) <input type="checkbox"/> A copy from a prior application (37 CFR 1.63(d)) ( pages)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input checked="" type="checkbox"/> <b>General Power of Attorney (SB80)</b> <input checked="" type="checkbox"/> 37 CFR 3.73(b) Statement  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s)			
<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC <i>(Appeal Notice, Brief, Reply Brief)</i> <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt <input type="checkbox"/> Return Receipt Postcard  <input type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
<i>CERTIFICATE OF MAILING OR TRANSMISSION (Under 37 CFR § 1.8(a))</i>  I hereby certify that this correspondence is being electronically deposited with the USPTO via EFS-Web on the date shown below:  <u>October 2, 2006</u>		Date <u>Signature</u> <u>Kate Marockina</u> Printed Name	
Remarks <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required, or credit any overpayments, to Deposit Account No. 50-0463 for the above identified patent application.			

<b>SIGNATURE OF ATTORNEY OR AGENT</b>			
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